



To: Ben Wakena, Biden/Harris HHS Review Team
From: B. Timothy Leeth, ADEA Chief Advocacy Officer
Date: January 4, 2021
Subject: Dental Education and the Provider Relief Fund

The Background

The novel coronavirus (COVID-19) pandemic has affected every aspect of the world's daily life, and dental education is no exception. The American Dental Education Association (ADEA), representing all 68 dental schools in the United States, over 1,000 dental hygiene and other allied programs and advanced dental education programs, are faced with the same challenges that every patient care entity is facing.

Dental and medical schools educational mission are complicated by the clinical component of the curriculum—teaching students to provide hands-on care to individuals in need of treatment requires close contact with the individual. For dental students, clinical experience is obtained in dental school clinics and rotations often in community health clinics in underserved areas. These clinics must include most of the major service areas of a hospital and adhere to the rigorous guidelines that protect the health and safety of the public. Dental schools operate full clinical facilities with all the necessary treatment rooms and surgical suites, including areas for sterilization, diagnostic services such as radiology and pathology, and business operations.

In contrast, medical schools conduct the majority of their clinical teaching in separate hospitals or affiliated academic health centers. The suspension of all but emergency care at dental school clinic interrupted the revenue stream from patients who pay for services, and from Medicaid and Children's Health Insurance Program (CHIP) beneficiaries. Dental clinics do not generate profits for the school or the institution, but clinic revenue offsets some operational costs. Since most of these clinics are located in the building housing the dental school within an institution of higher education, many of these buildings were closed to students and patients. With the clinic remaining open only for emergency patients normal revenue flow was lost. For public institutions, the alternative funding source fell upon already strained state budgets or even higher tuition.

The dental school clinics have reopened, but many are faced with the some necessary limits that other medical and dental practices require in terms of distancing,

disinfecting, wearing of personal protective equipment (PPE) by patients and clinicians alike. And the lost revenue has not been reimbursed.

Additionally, dental school clinics are part of the dental safety net and provide 'care at reduced rates. According to the Health Resources and Services Administration, the United States has 6,556 dental shortage areas where 61 million American citizens do not have adequate access to dental care. In academic year 2016-17, U.S. dental school clinics provided care during 2.7 million patient visits. A large number of the individuals who receive dental care in these clinics are members of underserved populations and do not have private insurance or the ability to pay private practice fees.

The Problem

Each of the U.S. dental schools have patient care clinics that provide vital dental care in their communities and assist in education and training dental professionals. While not collocated within the academic medical center or hospital these clinics are dental hospitals within the dental school facility.

The Provider Relief Fund (PRF) was enacted in the CARES Act. (P.L. 116-136) to reimburse health care practitioners for lost revenue and other expenses brought on by the novel coronavirus (COVID-19) pandemic.

The PRF was intended to assist such providers in recouping these lost revenues. However, in the case of dental school clinic practices this has not been the case. Since ADEA first raised this matter with Congressional leaders and the Department of Health and Human Services (HHS) after we had heard from several institutions that they were declared ineligible to receive assistance because they use the same Tax Identification Number (TIN) as the academic medical center. The use of the TIN as the gatekeeper to access PRF allocation ensures that a dental school clinic would be ineligible under the current payment clerical rules. The dental school financial information was not included in the medical center's or hospital's submission for allocations. Therefore, the dental schools have not received any compensation for their lost Medicaid or CHIP revenue.

During this crisis, some dental school clinic facilities were retrofitted to accommodate hospital beds for non-COVID patients to assist the academic medical centers, which were operating above capacity. Also, the teaching dentists and dental residents who remained on campus to treat emergencies volunteered in medical centers or hospitals to evaluate patients coming to the ER and perform other duties within their scope of practice (administering COVID-19 tests, for instance) to alleviate the strain on regular hospital personnel.

Dental schools have received little, and in most cases no assistance from their state or parent institutions, who are also strapped for funds. Some dental schools have reduced faculty salaries, extended the number of teaching hours due to social distancing requirements, and some have furloughed staff and teaching faculty.

As noted above dental school clinics have reopened for patient care, some have or will require some modification to clinic spaces and protocols. These costs were also made eligible for reimbursement to practitioners, but dental schools cannot even get reimbursement for their revenue losses let alone the necessary capital expenditures to return to pre-pandemic patient treatment levels.

The Action Needed

It is urgent that dental school clinic practices receive the same compensations that their medical colleagues are receiving. ADEA wants to help HHS figure out a way to make this work. Possibly—

1. Using a different identifier, possibly a school name or address; or
2. Having the dental school submit an application and attest through the PRF Attestation Portal that the data has not been previously submitted or somehow comes from the dental school not the medical center.

When ADEA last met, by phone, with Mr. Gary Beck, an external affairs staff member in the Office of the Secretary of HHS, on Oct. 28, 2020 and made the above suggestions he stated that he was having a call with the individuals administering the PRF program that afternoon and would report back. Since that time, he has neither responded to or acknowledged repeated emails and phone calls.

I've noted the urgency above, please feel free to contact me any time of the day or night at 202-236-5354 (my mobile number) or via email at leeth@adea.org. Thank you for your attention.

About ADEA—The American Dental Education Association (ADEA) is The Voice of Dental Education. ADEA members include all 68 U.S. dental schools, over 1,000 allied and advanced dental education programs, over 60 corporations, and more than 18,000 individuals. ADEA is the sole national organization representing academic dentistry, both dentists and the allied health professions.